



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8452 • FAX (314) 863-0296 • jwilliams@claytonmo.gov

APPLICATION FOR PRIOR TO SALE INSPECTION

It shall be unlawful for the owner of any multifamily unit or rental structure containing three or more units to sell, transfer, mortgage, lease or otherwise dispose of to another unless the owner or designated representative has notified the City of Clayton at least thirty (30) days in advance, received an inspection report and compliance order or notice of violation and have complied with the same or until such owner shall first furnish the grantee, transferee, mortgagee or lessee a true copy of any compliance order or notice of violation issued by the Code Official and shall furnish to the Code Official a signed and notarized statement from the grantee, transferee, mortgagee or lessee, acknowledging the receipt of such compliance order or notice of violation and fully accepting the responsibility without condition including the responsibility to submit a work schedule and receive approval from the City of Clayton for making the corrections or repairs required by such compliance order or notice of violation.

A **\$100.00** application/inspection fee for the Building Exterior and Common Areas plus **\$25.00** for each unit, payable to the City of Clayton, must accompany this application.

A PRIOR TO SALE INSPECTION IS HEREBY REQUESTED FOR THE PROPERTY ADDRESSED:

No _____ Street _____
A SEPARATE APPLICATION IS REQUIRED FOR EACH BUILDING ADDRESS

PLEASE LIST ALL UNIT NUMBERS:

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Applicants Name _____ Phone (____) _____
(CIRCLE ONE) OWNER MANAGER AGENT SELLER TENANT

CONTACT INFORMATION

Report will be addressed to seller and copied to the purchaser only

Seller: _____
Street: _____
City: _____ State: _____
Zip: _____ Phone: _____
E-Mail Address _____

Seller's Agent: _____
Street: _____
City: _____ State: _____
Zip: _____ Phone: _____
E-Mail Address _____

Purchaser: _____
Street: _____
City: _____ State: _____
Zip: _____ Phone: _____
E-Mail Address _____

Purchaser's Agent: _____
Street: _____
City: _____ State: _____
Zip: _____ Phone: _____
E-Mail Address _____

NOTE: It is the responsibility of the seller or seller's agent to contact the building inspector to arrange an appointment for the necessary inspections.

I certify that I am authorized to make application and that the answers contained herein are true and accurate in all aspects to the best of my knowledge.

Signature _____ Date _____

Please Print Name _____
Revised March 12, 2014

FEES CALCULATED AT \$100 FOR THE BUILDING PLUS \$25 FOR EACH UNIT

Amount Paid: _____ ☐ Cash ☐ Check # _____ ☐ Charge Visa/MC